

SINGLE STATE REGISTRATION APPLICATION

RS-1 FORM

SSRS40 (07/19/05)

For use by motor carriers operating under FMCSA authority.

Application for: ☐ Original ☐ Process Agent Change

See the Important Information section on back for details on documents you may be required to submit with this application.

A BUSINESS INFORMATION

Check the box that describes the organization of your business.

☐ Corporation ☐ Partnership ☐ Other (Specify) _____
State of Incorporation ☐ Individual

If you checked Partnership, complete the following for all partners.
(If more space is needed, continue on a separate page.)

| Social Security Number | Full Legal Name |
|------------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

| | | |
|--|--|--|
| Type of Operation (Check all boxes that apply.) | <input type="checkbox"/> Property | <input type="checkbox"/> Passengers |
| | What will be the GVWR of your vehicles? <input type="checkbox"/> 10,000 lbs. or more <input type="checkbox"/> less than 10,000 lbs. | How many passengers will your vehicles carry? <input type="checkbox"/> 15 or less <input type="checkbox"/> 16 or more |

| | | |
|---|--|----------------------------------|
| Were you ever registered as a Single State Registration carrier in another state? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If you checked Yes, which state? |
|---|--|----------------------------------|

| | | | |
|---|--|--|---|
| Will you transport hazardous materials? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If you checked Yes, what is the amount of Public Liability and Property Damage insurance (Title 49 CFR § 1043.2) that you carry. | <input type="checkbox"/> \$1 million <input type="checkbox"/> \$5 million |
|---|--|--|---|

| | | | |
|--|--|--|--|
| Will you also be operating intrastate in Virginia? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If you checked Yes, do you want your SSRS insurance filing to be applied to your Intrastate Operating Authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|--|

B IDENTIFICATION NUMBERS

| | |
|---------------------------|---|
| FMCSA (Federal MC) Number | US DOT Number |
| FEIN/SSN | VA For-Hire Intrastate Operating Authority Account Number |
| IRP Account Number | IRP Base/Home State |

C APPLICANT INFORMATION

| | | | |
|--|-------------------|---|----------|
| Business Name | | Trade Name or D/B/A (If different from Business Name) | |
| Street Address (Do NOT give P.O. Box address.) | | | |
| City | | State | Zip Code |
| Mailing Address (If different from above.) | | | |
| City | | State | Zip Code |
| Telephone Number () | Fax Number () | Email Address | |

COMPLETE ALL INFORMATION ON BACK.

D CERTIFICATION

I certify that I have read this application and know and understand its contents and that all information herein is true and accurate. I understand it is unlawful to knowingly make a false statement on this application and that any violation may be prosecuted as a class 5 felony (§§ 18.2-434 and 46.2-105).

Authorized Representative's Name (please print)

Title

Authorized Representative's Signature

Date

Telephone Number

()

Fax Number

()

Email Address

IMPORTANT INFORMATION

If you are applying for an original Single State Registration, you must submit copies of the following documents with this application:

- FMCSA certificate or permit, and
- Proof of Public Liability or Property Damage Insurance (example: BMC91X or BMC91) OR, if you are self-insured, a copy of FMCSA insurance order, and
- FMCSA form BOC-3 as proof of your process agent.

If you are applying for a process agent change, submit a corrected FMCSA form BOC-3 with this application.

If you have questions or need help completing this application, contact DMV's Motor Carrier Services at:

(866) 878-2582
(voice)

(804) 367-0273
(fax)

(800) 272-9268
(deaf and hearing impaired only)

mcsonline@dmv.virginia.gov
(internet)